**Form FL‑45**

Clerk’s Stamp

|  |  |
| --- | --- |
| COURT FILE NUMBER |  |
| COURT | |  | | --- | |  |   COURT OF JUSTICE   |  | | --- | |  |   COURT OF KING’S BENCH |
| JUDICIAL CENTRE  (KING’S BENCH) |  |
| COURT LOCATION  (COURT OF JUSTICE) |  |
| APPLICANT(S) |  |
| RESPONDENT(S) |  |
| DOCUMENT | **STATEMENT – CHILD SUPPORT** |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE AND  CONTACT INFORMATION OF  PARTY FILING THIS DOCUMENT |  |

I,      , swear/affirm that:

*(Choose one)*

|  |  |  |
| --- | --- | --- |
| 1. |  | I am a parent or guardian of the child(ren) and the child(ren) is/are in my care. |
|  |  |  |
|  |  | I am a person who has care and control of the child(ren). I am the child(ren)’s [aunt, uncle etc.]. |
|  |  |  |
|  |  | I am applying to be a guardian of the child(ren). |
|  |  |  |
|  |  | I am the child (one of the children). My birthdate is [date] and I am [age] years old. |
|  |  |  |
|  |  | I have permission from the Court to apply (attach court order granting leave to apply for child |
|  |  | support). |

*(Fill in the names of the children if different statements apply to different children)*

2. The Respondent is:

|  |  |
| --- | --- |
|  | a parent of the child(ren). |
|  |  |
|  | a person standing in the place of a parent to the child(ren). The Respondent showed an intention to treat the child(ren) as his/her own in the following ways: |
|  |

3. The child(ren): *(Choose one)*

|  |  |
| --- | --- |
|  | live with me all the time. |
|  |  |
|  | live with the Respondent as follows: |

4. I do not have a court order for child support.

*(Fill in the names of the children if different statements apply to different children)*

|  |  |  |
| --- | --- | --- |
| 5. |  | I do have a written agreement for child support. (attach a copy) |
|  |  |  |
|  |  | I do not have a written agreement for child support. |

*(Complete if child is 18 years or over)*

6. The following children are 18 years of age or over and need child support because they are full-time students at the following institutions: (attach proof of attendance)

|  |  |  |
| --- | --- | --- |
| Child | Date of birth | Institution |
|  |  |  |
|  |  |  |

*(Choose one statement for each child)*

|  |  |  |
| --- | --- | --- |
| 7. |  | I have no special expenses for the child(ren). |
|  |  |  |
|  |  | I have special expenses for the child(ren). I attach a Special Expense List and receipts. |

(Special expenses generally include child care expenses, medical and dental insurance premiums, health-related expenses, expenses for post-secondary education, and extraordinary expenses for extracurricular activities and school education.)

8. My annual total income for the last three years was:

|  |  |
| --- | --- |
| 20 | $ |
| 20 | $ |
| 20 | $ |

I expect my gross annual income this year to be $     .

Currently, I earn income from      .

*(Choose all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| 9. |  | I want financial information from the Respondent. (attach written request for financial information) | |
|  |  |  | |
|  |  | I made a written request for financial information from the Respondent on [date]: | |
|  |  |  | |
|  |  |  | The Respondent has responded. I attach the documents from the Respondent. |
|  |  |  | |
|  |  |  | The Respondent has not responded. I attach a copy of my written request given to the Respondent. |
|  |  |  |
|  |  |  | |
|  |  | I believe the Respondent’s annual income should be set at $     . | |
|  |  |  | |
|  |  | I know the following facts about the Respondent’s employment, training, health and ability to work: | |
|  |

*(Choose one)*

|  |  |  |
| --- | --- | --- |
| 10. |  | I attach calculations showing how much I believe the Respondent should pay according to the child support guidelines. (attach calculations) |
|  |
|  |  |  |
|  |  | I did not attach calculations. |

11. Child support payments should start on [date].

12. I have the following other information in support of my application:

|  |  |  |
| --- | --- | --- |
| Sworn/Affirmed before me on [date], 20[year]  at [city], Alberta.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Justice of the Peace or Commissioner  for Oaths in and for the Province of Alberta | )  )  )  )  )  )  )  )  )  ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature |

*(Fill in if applicable)*

**Special Expense List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child(ren): |  |  |  |  |
| Child care expenses |  |  |  |  |
| * amount charged by caregiver or day care | $ | $ | $ | $ |
| * parent’s portion of day care costs | $ | $ | $ | $ |
| Medical and/or dental insurance premiums | $ | $ | $ | $ |
| Health‑related expenses (exceeding insurance reimbursement by at least $100 annually) | $ | $ | $ | $ |
| Extraordinary primary/ secondary school expenses | $ | $ | $ | $ |
| Expenses for post-secondary education | $ | $ | $ | $ |
| Extraordinary expenses for extracurricular activities | $ | $ | $ | $ |

Details of above expenses: (include description of each health, school and extracurricular expense)

ATTACH RECEIPTS